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Navy & Marine Corps Medical News  
MN-99-09  
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Navy medical customers are satisfied with service  
From the Bureau of Medicine and Surgery

WASHINGTON -- The Assistant Secretary of Defense for Health Affairs, Dr. Sue Bailey, named Naval Hospital Pensacola among the top Navy treatment facilities in Customer Satisfaction for 1997-98 during a recent TRICARE Conference in Washington, DC.

In accepting the award, CAPT Robert D. Hufstader, MC, commanding officer of the Pensacola hospital, said, "I was surprised to be accepting a customer satisfaction award, but certainly not surprised Naval Hospital Pensacola was among the top in that area, because I hear it every day from customers as I make rounds and walk up and down the hallways."

According to NH Pensacola's Patient Satisfaction coordinator, Hospital Corpsman Second Class Andy Burnett, downsizing within military medical facilities made

Pensacola's medical team more efficient by working smarter and pleasing their customers during initial contact.

The recognition was based on monthly customer input taken from Department of Defense patient satisfaction surveys during the past year.

Joining Naval Hospital Pensacola in receiving customer satisfaction awards were:

Naval Medical Clinic Quantico, Va.

Naval Medical Clinic London, England

Naval Ambulatory Care Center Portsmouth, N.H.

Naval Hospital Lemoore, Calif.

Naval Hospital Twentynine Palms, Calif.

Naval Hospital Naples, Italy

Naval Medical Center Bethesda, Md.

Bravo Zulu to the medical teams who received high marks from their customers. Navy Medical personnel once again have exhibited the caring and professionalism that produces continuous excellent customer service.

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Headline: Groton optometry provides 'Sight to Fight'

By CDR Michael Ross, MSC, Naval Ambulatory Care Center  
Groton

GROTON, Conn. -- 'Can Do' are words that symbolize initiative and dedication in the Navy. The medical team from Naval Ambulatory Care Center Groton Optical Department and the Optical Support Unit from Newport, R.I., exhibited the famous Navy 'Can Do' spirit when they recently made timely contributions to USS Albany (SSN 753) readiness during the boat's brief visit to the New London Submarine Base for minor repairs before deployment.

A chance meeting between Hospital Corpsman First Class Todd Fletcher, an independent duty corpsman on Albany and Hospital Corpsman Second Class Jeff Welsh, the Leading Petty Officer of the optometry clinic at NACC Groton began an extraordinary display of direct medical support to the fleet. Fletcher mentioned to Welsh that an intense training schedule before departing Norfolk prevented getting eye exams and ordering glasses and optical devices for some of his crew.

Welsh, eager to help, discussed the Albany's situation with his division officer, LT Ed Sullivan, MSC, and the optometry department went into action. A quick review of the appointments for the day showed no immediate traumas or other emergency situations, so Welsh and Sullivan cleared an entire day's appointment schedule to accommodate Albany's crew. Meanwhile onboard Albany, Fletcher screened his ship's crew's medical records to schedule those needing eye exams and optical devices.

In less than 48 hours after Fletcher discussed his situation with Welsh, 18 crewmembers from Albany filed into the NACC Groton Optometry clinic. After receiving preliminary testing from Hospital Corpsman Third Class Edgar Medina and Hospitalman Angelo Shorter, Sullivan conducted

comprehensive eye examinations on each crew member. Completion of the exams and providing spectacle prescriptions for the crew was still not enough. Crew members are not vision-ready until they receive their optical devices, a process that usually takes about two weeks in the continental United States and typically much longer when mailing them to ships at sea.

Knowing Albany was due to deploy in four days, Welsh sought assistance from his colleagues at the Optical Support Unit in Newport, R.I. Hospital Corpsman Second Class Timothy Walters and crew at the Optical Support Unit cleared their benches, warmed up their lens edgers and prepared to service their fleet shipmates. The spectacle orders were faxed to the lab, the optical devices were fabricated within 24 hours, overnight expressed back to Groton and in less than four days, 48 pairs of optical devices were dispensed to the crew of Albany.

The Commanding Officer of Albany was so impressed with the dedication and "Can Do" attitude of the NACC Groton Optometry staff, he presented them with a ship's plaque that is proudly displayed in the clinic.

The NACC Groton Optometry staff and the crew of the Optical Support Unit, Newport, R.I., obviously have their compasses pointed to true north, providing their fleet shipmates with "Sight to Fight."

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Headline: Improving Fleet knowledge through distance learning

By LT Youssef H. Aboul-Enein, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Today's corpsmen and medical professionals are trained to provide support during events other than force-on-force combat. They must also have knowledge of Military Operations Other Than War that encompass Non-Combatant Evacuations and Humanitarian Operations, which have become more prevalent than actual combat events. Distance learning is a resource that informs medical personnel about strategic situations and how medical support contributes to operations.

In the field, the medical team will face issues ranging from protecting fighting forces from disease to dealing with the various ailments in a humanitarian operation. Today's Navy medical personnel must understand medicine and also understand the tactical situation. Distance learning can inform medical personnel about the difference between a Marine Expeditionary Unit and an Amphibious Ready Group or information about Decedent Affairs or Preventive Medicine in the field.

Many, such as LT Marc Young, MSC, and LT Jun Moon, MSC, along with many enlisted staff of Naval Hospital Great Lakes begin by taking a distance-learning course. They have taken the initiative to sign-up for one of 28 correspondence courses offered by the Naval School of the Health Sciences in Portsmouth.

"I just stopped by at the Plans Operations and Medical Intelligence (POMI) office and picked up a CD-ROM and downloaded the course materials. I plan to complete Naval Intelligence and move on to Naval Planning," said Young. "It was easy, the POMI office gave me the web-site and I was able not only to enroll in a course like Heat Stress, but to download the course directly from the web," said Moon.

Courses offered by NSHS Portsmouth include a series on understanding Naval Fleet Operations, Naval Intelligence, Command and Staff and Naval Planning. NSHS also offers courses on Medical Regulating, Fleet Hospital Operations, Heat Stress, Combat Casualty Care for Nurses and Decedent Affairs, among others. Click on the web address at [www.nshs-pts.med.navy.mil](http://www.nshs-pts.med.navy.mil) and start taking the courses.

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Headline: Pensacola uses industry program to improve quality  
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- The word is Spanish and means 'mountain peaks,' but for Naval Hospital Pensacola, 'PICOS' means organization and efficiency. Naval Hospital Pensacola is using a General Motors Corporation process known as PICOS to apply consistent quality management programs at Pensacola.

The program evolved in 1992 when GM was facing rising costs and red-ink ledgers. The company developed this rapid improvement process to drive waste from its products and began by applying PICOS techniques with its external suppliers. The result was a 20 percent reduction in costs.

Now, GM is taking its PICOS workshops worldwide, including more than 200 healthcare facilities such as Johns Hopkins and the Cedars Sinai health systems.

The program caught the eye of CDR Laurie Williamson, NC, head of the Quality Management Department at the Naval Hospital. She decided it was something that would contribute to quality services of the hospital.

"Our goal [is] to continuously improve health care services and products at this facility, and to develop a lean organization, which is focused on identifying and eliminating waste," she said referring to the hospital's new program.

The Navy medical facility and GM began its first quarterly workshop in mid-February and began the process of training NH Pensacola staff members as PICOS facilitators

"The PICOS workshop was the best quality improvement initiative I've ever been involved with," said Senior Chief Hospital Corpsman Steve Turner, who has served as a Total Quality Leadership coordinator at two previous commands in Okinawa and Key West, Fla.

The entire PICOS team -- including the facilitators from GM -- literally followed patients and paperwork on the wards from start to finish. The approach helped the group focus as a team to improve the discharge process, such as

scheduling noon discharges, reducing the number of forms to be filled out, and the return of valuables directly to bedside before discharge.

These changes to the inpatient discharge process, according to CDR Williamson, will enhance patient satisfaction. Naval Hospital Pensacola recently received a Department of Defense citation for being among the top Navy hospitals worldwide in customer satisfaction.

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Headline: Automotive Industry Uses Navy's Better Idea  
From Navy Environmental News

PENSACOLA, Fla. -- When a famous automotive manufacturer was looking for a way to control noise in its automotive hoses, it turned to a patented Navy technology for the answer.

What captured their interest is a unique sound-absorbing material developed by Dr. Gerry Thomas and Dr. Bill Cushman at the Naval Aerospace Medical Research Laboratory in Pensacola, Fla.

"Think of a double-paned window," said CAPT Bob Hain, MC, who is also working on the development of the new material. "It's excellent at attenuating (reducing) sound because sound is dissipated when it travels from one medium to another. That's the theory behind this new material."

Hain said particles of different sound-dissipating ability - what researchers call "differing acoustic impedance" - are mixed in a base material such as silicon rubber or plastic. Tests show ear cups made from the new material are 50 to 100 percent more effective than those currently available.

He said the "beauty" of the new material is that it's very light and extremely versatile. In fact, the team is working on a version of the product that can be sprayed on surfaces and ceilings to reduce noise. It can also be mixed in plastic, rubber or cement, or formed into sheets to cover bulkheads.

The Chief of Naval Operations' Environmental Protection, Safety and Occupational Health Division originally sponsored the research to find a way to preserve the hearing of helicopter pilots.

In addition to reducing the noise threat for our Sailors, the research has proven to have another benefit. Because Navy owns the patent, about \$150,000 in royalties have been returned to Navy's coffers.

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Headline: Faulty blood glucose monitors recalled  
By Sylvia Sullivan, Office of the Secretary of Defense  
(Health Affairs)

ALEXANDRIA, Va. -- Lifescan, Inc., a subsidiary of Johnson & Johnson, announced the recall of its SureStep home glucose meters that were manufactured before August 1997, because the meters may give an incorrect reading when a

patient's blood glucose is very high. The malfunctions could cause users to not recognize seriously high blood glucose levels, which could cause health problems, including hospitalization and even death.

The meters may give an erroneous Error 1 message instead of a "HI" (high) message if the user's blood glucose level is dangerously high (500 mg/dL or greater).

All SureStep blood glucose meters whose serial numbers begin with L6000 through L7205, and meters with serial numbers L7206-GA-00001 through L7206-GA-01128, should be replaced. The serial numbers can be found on the back of the meter. Lifescan, Inc., will replace free of charge any SureStep meter manufactured before August 1997.

TRICARE-eligible persons who have these monitors should call Lifescan's 24-hour, toll-free customer service line at 1-800-951-7226, to arrange for replacement, or to get further information.

Also, the meter was designed to emit an audible tone when the test strip is inserted. A user may misinterpret this tone as an indication that the test strip was completely and properly inserted in the meter. When the test strip is not completely and properly inserted, an "inadequate test strip insertion problem" (ISIP) occurs. This defect has resulted in the meter displaying a false low reading, which could cause the patient to alter his/her insulin intake and/or diet when such alterations may not be necessary.

Diabetics should continue to test with these meters until they can get a replacement, as long as they remember that an "ER1" message can mean a very high level of blood sugar, and that the ISIP problem causes false low readings.

If users get an "ER1" message, Lifescan suggested that patients use the visual color change indicator to see if their blood sugar is too high. However, Lifescan emphasized: "DO NOT use the visual backup color chart as a replacement for a SureStep meter test."

Again, TRICARE-eligible persons who use the monitors and test strips described above should get replacements from the manufacturer. The Department of Defense Inspector General asks users of the SureStep or SureStep Pro glucose monitoring meters who have experience with either the ER 1 message or the ISIP to contact the Defense Criminal Investigative Service (DCIS) at: [hotline@dodig.osd.mil](mailto:hotline@dodig.osd.mil). Be sure to include patient's name; meter operator's name; their conventional and electronic mailing addresses; telephone numbers where both the patient and operator can be contacted; the SureStep meter model name and serial number; specific error messages information; whether the patient was hospitalized after experiencing meter problems.

The DOD Hotline provides confidentiality for persons who want to remain anonymous. DCIS wants only information that reflects problems experienced with the ER 1 message or the ISIP, whether or not they resulted in hospitalization. Call DCIS at (510) 637-2965 between 8 a.m. and 4:30 p.m., Pacific Standard Time.

In addition to the e-mail address, the DOD hotline for fraud, waste and abuse reporting can be reached toll free, at 1-800-424-9098. Or, write to Defense Hotline, The Pentagon, Washington, DC, 20301-1900.

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Headline: Third party insurance improves patient care at Jacksonville

By JO3 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville recently distributed more than \$105, 000 throughout the command to various clinics and departments for equipment and supplies through the Third Party Collection Program (TPC).

The TPC program allows the hospital to bill a patient's commercial insurance company (not supplements) at no cost or penalty to the patient. As a result, departments throughout the hospital and branch clinics receive a substantial portion of the collected income to purchase equipment and medical supplies that enhance their patient's quality of care.

The Family Practice Clinic at the hospital, which recently received almost \$2,000 for purchase of items not included in its budget, is one of 19 clinics at Naval Hospital Jacksonville to benefit from this program.

CDR Robert Raspa, MC, department head of Family Practice, explained how the money ultimately returns to patients and improves their care.

"One of the main items we will buy with our money is a \$6,000 video colposcope. Being able to purchase this medical diagnostic equipment, which is used to detect cervical cancer in abnormal pap smears, is a significant improvement in the quality of service we provide to our patients" said Raspa.

According to Raspa, there are many reasons why patients should make

sure the hospital is aware they have private insurance.

"There are no out of pocket expenses to the patient," he said. "Money collected stays at Naval Hospital Jacksonville and directly improves the care we provide.

Many insurance companies like our system, because we charge significantly less than civilian hospitals and we provide quality health care second to none."

Patients that have other health insurance and receive their care at Naval Hospital Jacksonville are usually in a win-win situation.

Win number one is that TPC may help patients meet their insurance deductible. For example, if a patient has a \$200 deductible on their private medical insurance that has not been met and a visit to Naval Hospital Jacksonville is billed to the insurance at \$100, that amount may count toward meeting the deductible.

Win number two is that patients will never have to pay a portion of the billed amount and all money that insurance companies pay to Naval Hospital Jacksonville stay with the

hospital and are returned to patients in the form of increased services. Patients can't lose.

"Patients can help the hospital by following a few simple steps," said Delores Oliver, supervisor of Third Party Collections. "If a patient has private insurance, he or she should bring their insurance card with them for each visit. They will be asked to complete and sign a form indicating whether they have insurance. We also encourage patients to update their information every six months or whenever their coverage changes. If they are not asked they should point out that they have private insurance. TPC is only for other primary insurance not TRICARE, CHAMPUS or Medicare supplements."

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Headline: Retirees gung-ho for TRICARE Senior Prime  
By LT Rick Haupt, USN, TRICARE Region Nine

SAN DIEGO -- Guaranteed access to appointments and a primary care manager were the features that motivated Warren and Dorothy Jones to take to the air to enroll in TRICARE Senior Prime at the Naval Medical Center here last year. The couple was so gung-ho about the Medicare subvention demonstration program that Warren hopped a commercial flight to Sacramento September 14, checked into a motel and arrived at the Rancho Cordova post office at seven a.m. the next day to get a jump on the enrollment process. Applications for the program were being processed at Foundation Health Federal Services' corporate office in Rancho Cordova. September 15 was the first day for enrollment, and the couple didn't want to be left out.

"We heard they were limiting enrollment to 4,000 people, and we wanted to make sure we were in that group," Warren said.

Warren, a retired Navy lieutenant commander, wasn't the only one who traveled a long distance to secure a spot in the program.

"When I got to the car rental agency, I ran into another [fellow] who was doing the same thing I was," he said. "In fact, he had already reserved a room at a motel close to the post office. He was kind enough to give me directions to the motel, and we met up at the post office the next morning." As it turned out, Warren was not only the first retiree in line at the post office, but he and his wife were selected as the program's first enrollees.

"We just wanted to be in the program," Dorothy said.

"We've been getting care here at the Navy hospital for years," said Warren. "But we knew we had a lower priority than the active-duty and retired families enrolled in the [TRICARE] Prime program," referring to the priority for care set by Title 10 of the U.S. Code.

The couple hadn't experienced a problem getting appointments. But, they knew of several friends their age who had difficulties accessing the system due to the decreasing amount of space-available care at the facility.



The couple has experienced many health challenges over the years. Warren had a brain tumor removed in 1963 when he retired from the Navy. Dorothy had back surgery in 1973 and has since suffered a minor stroke. Both have received treatment after being diagnosed with cancer.

The couple has sought care in the past from civilian providers through Warren's health insurance with the County of San Diego, his second employer from which he retired in 1982. They had also been enrolled in a civilian Medicare HMO for a brief period in 1989. But the couple proudly states their preference for military medicine.

"The Navy hospital is far and away the best place to get treatment in San Diego," Warren said. "We like it here."

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Headline: Remember to file TRICARE claims before deadline  
By Sylvia Sullivan, Office of the Secretary of Defense  
(Health Affairs)

ARLINGTON, Va. -- If you have received or provided-health care under TRICARE recently, don't delay in getting claims for that care to the regional TRICARE claims processing contractor.

Claims for outpatient care must be in the hands of your TRICARE contractor within one year of the date on which the care was provided. Claims for inpatient care must reach the contractor within one year of the patient's date of discharge from an inpatient facility.

Patients who file claims must use the DD Form 2642:

Patient's Request for Medical Payment. Individual professional providers who file claims will use the HCFA Form 1500. Institutional claims will be filed using the UB-92 claim form.

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Headline: TRICARE question and answer

Question: Which is the best of the three TRICARE options for a retiree who lives in two different parts of the country?

Answer: Retirees with two residences will still have, because of the new "Portability Rules" the triple option available and can choose the best option for themselves. The only change is that if they choose Prime they will be able to disenroll and reenroll twice in the same year as long as their second re-enrollment is in the original region. Those individuals desiring more flexibility may want to use either TRICARE Extra or Standard.

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Headline: Healthwatch: Keep the Job, Lose the Stress  
By Tanya Brown, Bureau of Medicine and Surgery

WASHINGTON -- If you have regular headaches, sleep disturbance or difficulty concentrating, you may be experiencing on the job stress. Before you do something as drastic as quitting your job, or continue suffering the effects, look for ways to cope with the stress.

On the job stress affects 40 percent of the work force and is fast becoming the most prevalent reason for worker disability according to a report by the National Institute for Occupational Safety and Health.

With excessive amounts of absences, diminished productivity, accidents and workman's compensation awards, job stress is estimated to cost the American industry \$200-\$300 billion annually.

"The global economy has given rise to 24-hour-a-day work culture that compels individual workers to work harder and longer for the same amount of pay," said Bill DeLeno, a consultant with Job Stress Help, an on-line help line. Additionally, the outpouring of pagers, computers, cell phones and fax machines has heightened expectations for productivity, which in turn has placed an increasing pressure on individuals to work constantly.

Job insecurity, downsizing, long work hours, excessive travel, harassment, time away from family and office conflicts are all causes of work related stress that may impair a persons mental and physical conditions.

"Some symptoms of stress, such as fatigue, irritability and anxiety are identified easily," said Dr. Thomas G. Plante, an Associate Professor of Psychology at Santa Clara University in California. "Others can include, stomach problems, headaches, hostility and sleep disorder, things we might not connect with stress at all."

Yet while the causes and symptoms may seem obvious, the solution may not be as clear.

"We can identify many factors that stress us, but how to cope with them is more elusive," said Plante.

Find a program that can assist in helping to deal with the situation causing the stress. Most employers have an Employee Assistance Program (EAP) to assist employees with various work-related problems that is affecting job performance. These programs are free and ensure that all information discussed remains confidential.

For federal and military employees, the Human Resource Office (HRO) offers a Stress Management workshop that teaches how stress impacts job performance and provides stress management and relaxation techniques. For more information contact your local human resources personnel.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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